

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND OR											
SPACE USED FOR BARCODE				Maryville Police Department											
MO0740200															
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> 0		0		0		20-0316	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)		INVESTIGATION DATE		TIME ARRIVED (MIL)		INVEST. AT SCENE	
1		02/29/2020		1500		03/02/2020		0900		03/03/2020		1600		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CRASH TYPE		ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
<input type="checkbox"/> On Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Fell / Jumped From MV		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Angle		<input type="checkbox"/> Other (Explain)			
<input checked="" type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Sideswipe (Same Dir.)		<input type="checkbox"/> Sideswipe (Opp. Dir.)		<input type="checkbox"/> Unknown (Explain)	
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Other Non-Collision		<input checked="" type="checkbox"/> Fixed Object		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)		<input type="checkbox"/> Other (Explain)			
		<input type="checkbox"/> Jackknife				<input type="checkbox"/> Other Object		<input type="checkbox"/> Rear to Side							
						<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Working Motor Vehicle							
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA: Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.															
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.															
<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →															
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.															
<input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.															
EVIDENTIARY PHOTOS TAKEN				BY WHOM				AVAILABLE FROM				<input checked="" type="checkbox"/> Investigating Agency			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				207				MDPS							
RECONSTRUCTION				BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
2 - LOCATION															
COUNTY				MUNICIPALITY				BEAT / ZONE				GPS COORDINATES (DD.MM.SS.S FORMAT)			
074				MARYVILLE 1640											
ON				RDWY. DIR				DISTANCE FROM				LOCATION			
702 S MAIN STREET				NA				NA				N/A			
SPEED LIMIT				ROAD MAINTAINED BY				INTERSECTING				SPEED LIMIT			
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other				N/A				N/A			
TRAFFICWAY				ROAD ALIGNMENT				ROAD PROFILE							
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input checked="" type="checkbox"/> Other				<input type="checkbox"/> Straight <input type="checkbox"/> Curve <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip				<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)							
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown (Explain)											
INTERSECTION TYPE				ROAD CONDITION											
<input checked="" type="checkbox"/> NA				<input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input checked="" type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> 4-Way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)											
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)															
ROAD SURFACE				WEATHER CONDITION											
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone				<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)											
<input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input checked="" type="checkbox"/> Unknown (Explain)											
LIGHT CONDITION															
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality															
COENEN ELECTRIC COMPANY   702 S MAIN ST, MARYVILLE, MO 64468   RETAINING WALL   DAMAGE TO LANDSCAPING BRICKS															
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative															
NAME				ADDRESS (Street, City, State, Zip)								PHONE NUMBER			
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															
PHONE NUMBER															
DATE OF BIRTH		SEX		STRUCK BY VEH #		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION			
												<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island			
												<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown			
CROSSING ROAD		<input type="checkbox"/> NA		OTHER ACTIONS		<input type="checkbox"/> NA / None		SCHOOL INFO.		<input type="checkbox"/> NA					
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk				<input type="checkbox"/> Getting On / Off Vehicle				<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown				<input type="checkbox"/> Going To / From School			
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk				<input type="checkbox"/> Standing / Lying / Sitting In Trafficway				<input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Getting			

6. COLLISION  
DIAGRAM

Compass Direction  
Before Crash Event(s)  
(Circle One)

V1 N E S W U N E S W U N E S W U N E S W U N E S W U

INDICATE  
NORTH

Not enough evidence to recreate diagram.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

[illegible]



PAGE 4 OF 5

8 - CODES													
SEAT LOCATION		INJURY		TRANSPORTED		EJECTION		AIR BAG		SAFETY DEVICES			
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable		1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA		(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA		1. NA 2. No 3. Partially 4. Totally U. Unknown		1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)		9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown		1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable	
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)													
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic 10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road 19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure 28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**) 37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV 44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator													
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS													
60. Deer 61. Farm Animal 62. Dog 63. Other Animal U. Unknown													
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS													
20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support 26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier 32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End 38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support 44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown													
DISTRACTED / INATTENTIVE CODES													
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device 5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing 9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming 13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)													
VEHICLE TYPE CODES													
1. Motor Vehicle In Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle 4. Pedalcycle 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown													
OTHER VEHICLE CODES													
1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 7. Other (Explain)													
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)													
<p>V1 was traveling south in the parking lot at 702 S Main St., then collided with the retaining wall.</p> <p>V1 left scene, without contacting law enforcement.</p> <p>D1 was later located.</p>													
10. REPORTING AND REVIEWING OFFICER INFORMATION													
REPORTING OFFICER NAME POST, EMILY				DSN / BADGE NO. 207C		BEAT / ZONE		TROOP / DISTRICT / PRECINCT					
REVIEWING OFFICER NAME WILSON, WAYNE				DSN / BADGE NO. 202A		REVIEWING OFFICER 2 NAME				DSN / BADGE NO.			

**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Supplemental Narrative Report**Report Date  
03/02/2020 0905Type of Incident  
LEAVING SCENE OF ACCIDENTComplaint No.  
20-0316

Case Status

Supplemental Narrative Sequence No. 0001

Date / Time	Officer ID / Name	Secondary Officer ID / Name	Description
03/02/2020 1101	207C POST, EMILY	207C POST, EMILY	INITIAL NARRATIVE

**Supplemental Narrative**

On 03/02/2020, at approximately 0900 hours, I, Officer Post, responded to 702 S Main Street Coenen Electric, for a report of property damage.

Upon my arrival, I made contact with the reporting party, later identified as Jennifer McComb. McComb stated that the damage must have happened between the dates of 2/28/2020 and 3/2/2020.

The damaged property is a retaining wall made of landscaping blocks. Some of the blocks on the north side of the retaining wall had been knocked over. Officers did not locate any direct evidence linking the damage to a vehicle, and there were no witnesses during the time the damage took place. The reporting party was unable to provide an estimated expense for repairs at this time, and I have left messages requesting for them to provide it at their earliest convenience.

Coenen Electric does not have video surveillance.

See attached photos.

Nothing further at this time.

Officer 207C POST, EMILY

/ /

Approving Officer 202A WILSON, WAYNE

/ /

**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Supplemental Narrative Report**Report Date  
**03/02/2020 0905**Type of Incident  
**LEAVING SCENE OF ACCIDENT**Complaint No.  
**20-0316**

Case Status

Supplemental Narrative Sequence No. 0002

Date / Time	Officer ID / Name	Secondary Officer ID / Name	Description
03/03/2020 0935	207C POST, EMILY	207C POST, EMILY	ADDITIONAL INFORMATION

**Supplemental Narrative**

On 03/03/2020, at approximately 0930 hours, I spoke with the staff at Coenen Electric, who stated to me that they believe that the replacement expense will be approximately \$500.00. I was also informed that the establishment did not have any camera footage of the property damage taking place.

Nothing further at this time.

Officer 207C POST, EMILY

/ /

Approving Officer 202A WILSON, WAYNE

/ /

Page 1 of 1

Printed 04/21/2025 1340



**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Supplemental Narrative Report**Report Date  
03/02/2020 0905Type of Incident  
LEAVING SCENE OF ACCIDENTComplaint No.  
20-0316

Case Status

Supplemental Narrative Sequence No. 0003

Date / Time	Officer ID / Name	Secondary Officer ID / Name	Description
03/03/2020 1758	207C POST, EMILY	207C POST, EMILY	ARREST

**Supplemental Narrative**

On 03/03/2020, I, Officer Post, responded to Coenen's Electric. I spoke to McComb, who stated that she received a phone call from a woman who identified herself as "Prerdu-Morungpi." The caller stated that she had struck the retaining wall at Coenen's over the weekend. The caller left a phone number, and her insurance company name, "Root Insurance," but she refused to leave a policy number. "Morungpi" also stated that she was a college student, but provided no other identifying information.

I attempted to make contact with "Morungpi," via the phone number she provided, but it was found to be a non-working phone number. I contacted Root Insurance Company, and they stated that they did not have coverage over any person by that name.

I made contact with McComb again, and she stated that the phone number on "caller ID" from the initial call was different than the one "Morungpi" provided verbally. McComb gave me the number from the "caller ID", and it was found to belong to a subject by the name of Prasanna Oruganti. The address associated with Oruganti was 1010 N Walnut Street, Maryville, Missouri.

I made contact with Oruganti at 1010 N Walnut, and she stated that she had, in fact, struck the retaining wall on Saturday, February 29th, around 1500 hours. Oruganti stated that she was having a panic attack at the time the collision happened, and that is why she did not contact law enforcement. Oruganti then walked me outside to show me the damage on her 2004 Chevrolet Impala, on the front passenger bumper.

Oruganti was taken into custody at 1610 hours, and was fingerprinted and released from MDPS with Summons #180181745 for Leaving the Scene of an Accident, with a Municipal Court date of 04/07/2020, at 1615 hours, at 415 N Market St., Maryville, Missouri.

Officer 207C POST, EMILY

Approving Officer 202A WILSON, WAYNE



**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Entity Report**Report Date  
3/2/2020 9:05 AMType Of Offense  
LEAVING SCENE OF ACCIDENTComplaint No.  
20-0316

Case Status

**Entity Information**

Roles: REPORTING PARTY, VICTIM

EntityType  
BUSINESSEntity Name  
COENEN ELECTRIC**Contact**

Title	Last Name	First Name	Middle Name	Suffix

**Addresses**

Type	Street Address	City	State	Zip Code	Country
	702 S MAIN ST	MARYVILLE			

**Phone Numbers**

Type	Phone	Ext/PIN
	(660) 582-4144	1

**Email Addresses**

Type	Email Address
NONE	

**Reporting Party / Complainant**

Statement / Notes

**Victim**

Victim Type	<input type="checkbox"/> Willing to Prosecute	Relation to Suspect
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Statement / Notes:

Reporting Officer 207C POST, EMILY

Approving Officer 202A WILSON, WAYNE

**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Uniform Complaint / Summons**

Summons No. <b>180181745</b>	Issue Date/Time <b>03/03/2020 1610</b>	Complaint No. <b>20-0316</b>
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**Driver Information**

Last, First <b>ORUGANTI, PRASANNA L</b>	Sex <b>F</b>	Race <b>A</b>	DOB <b>05/06/1995</b>	Age	Height	Weight
Street Address <b>1010 N WALNUT ST</b>		City <b>MARYVILLE</b>	State	ZipCode <b>64468</b>		
Driver License <b>013A084001</b>	State <b>MO</b>	SSN				
Employer	Address					

**Offense / Vehicle Information**

Issue Date/Time <b>03/03/2020 1610</b>	A C.M.V. <input type="checkbox"/>	With Haz Mat <input type="checkbox"/>	Did Unlawfully			
Veh. Year	Vehicle Make	Vehicle Model	Style	Vehicle Color	Weight	
Vehicle License #	License Year	VIN				
Block <b>D702</b>	Dir <b>S</b>	Location / Street <b>MAIN ST</b>				Apt. Suite
City <b>MARYVILLE</b>	State <b>MO</b>	ZipCode <b>64468</b>	At Or Near	Geo	Sector	Ward
Description of Violation <b>LEAVING SCENE OF ACCIDENT</b>			Seat Belt Violation <input type="checkbox"/>	Driver License Held <input type="checkbox"/>	License Returned	
Driving MPH	When Limited To MPH					
Amended Charges <b>DEFECTIVE EQUIPMENT</b>			Accident / DWI			
State Statute	Local Code	State Code	Blood Alcohol <b>0.000</b>			

**Court Information**

Court Date/Time <b>06/16/2020 1615</b>						
Court <b>MUNICIPAL</b>			Court Division <b>DIVISION IV</b>			
Street Address <b>415 N MARKET ST</b>		City <b>MARYVILLE</b>	State <b>MO</b>	ZipCode <b>64468</b>		
Court Disposition <b>PG FINED \$300 + \$36.50</b>	Disposition Date/Time <b>06/16/2020 1615</b>	Fine Amount <b>\$336.50</b>				

**Notes**

Reporting Officer <b>207C POST, EMILY</b>	Officer  
/ /	/ /

**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Arrest Report**Report Date  
**03/02/2020 0905**

Arrest No.	State ID No.	Agency ORI <b>MO0740200</b>	Reference No.
Complaint No. <b>20-0316</b>	CCH Record <b>N</b>	Local ID No.	FBI No.
Hold Order <input type="checkbox"/>	Agency Held For	Department <b>MARYVILLE DPS</b>	Arrest Classification <b>ORDINANCE VIO</b>

**Arrestee**

Name (Last, First Middle Suffix) <b>ORUGANTI, PRASANNA L</b>	Race <b>A</b>	Sex <b>F</b>	DOB <b>05/06/1995</b>	Age at Arrest <b>24</b>	Age on 04/21/2025 <b>29</b>	Juvenile	SSN	Moniker
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**Addresses**

Type	Street Address	City	State	Zip Code	Country
	<b>1010 N WALNUT ST</b>	<b>MARYVILLE</b>		<b>64468</b>	<b>USA</b>

**Phone Numbers**

Type	Phone	Ext/PIN
<b>C</b>	<b>(660) 528-0756</b>	

**Email Addresses**

Type	Email Address
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**Aliases**

Last Name	First Name	Middle Name	Suffix	SSN	DOB
Drivers License <b>013A084001</b>	Type <b>DRIVERS</b>	State <b>MO</b>	Expires	Restrictions <b>NONE</b>	Marital Status <b>SINGLE</b>
	Resident Status <b>R</b>	Ethnicity <b>N</b>	Language		

**Physical Description**

Height	Weight	Build	Skin Color	Complexion	Eyes <b>BRO</b>	Type of Eyewear	Place of Birth
					Mustache	Side Burns	Country
Hair <b>BLK</b>	Hair Length	Hair Style	Beard			Mannerisms	State

**Scars/Marks/Tattoos**

Scar / Mark / Tattoo	Code	Body Location	Short Description	Long Description
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**Clothing**

Item Type	Color	Markings
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**Education**

Read/ Write <input type="checkbox"/>	Institution	Last Grade Completed	Status
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**Identification Numbers**

Local PD #	Local SO #	State #	Military ID #	Branch	Rank
FBI #	NCIC #	DOC #	Passport ID #	Type	Issued By
					Exp. Date

Reporting Officer <b>207C POST, EMILY</b>	Approving Officer (I) <b>202A WILSON, WAYNE</b>
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**Maryville Police Department**

101 N Vine St, Maryville, MO 64468

**Arrest Report**Report Date  
03/02/2020 0905

Alien Req.	Type	Issued By	Exp. Date
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**Vehicle Information**

License	State	Type	Exp. Year	Exp. Month	Renewal Tag #	VIN
Year	Make	Model	Style	Color Top	Color Bottom	

**Employment**

Company Name	Job Title	Schedule
Street	City	State Zip Code Phone No. Ext

**Emergency Contact**

Emergency Contact Name	Relationship	Address	Phone No.
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**Charge Information**

Charge	State Statute	State Charge Code	Category
Cause Number	Local Code	Jurisdiction	Type/Class Bond Type Bond Amount
LEAVING SCENE OF ACCIDENT	577060	577.060-005Y20175400	OTHMIS
		M CASH ONLY	\$0.00

**Arrest Information**

Arrest Date / Time	Arresting Officer ID - Name	Booking Date / Time	Booking Officer ID - Name	Booking Number
03/03/2020 1610	207C - POST, EMILY	03/03/2020 1630	207C - POST, EMILY	

**Alerts**

Caution	Under Watch	Reason for Watch	Under Medication	Type of Medication
	<input type="checkbox"/>		<input type="checkbox"/>	

**Arrest Location**

Street	City	State	Zip Code	County
Sector	Precinct	Geo	Ward	Primary Location Secondary Location

**Miranda**

First Miranda	Date / Time	Officer ID - Name	Second Miranda	Date / Time	Officer ID - Name
<input type="checkbox"/>			<input type="checkbox"/>		
	Location			Location	

**Fingerprints**

State / NCIC Search	Fingerprint Class	DNA Swab Taken
<input type="checkbox"/>		<input type="checkbox"/>

**Transported**

Transported By	Transported To
-	

**Attorney Information**

Public Defender	Name	Address	Phone No.
<input type="checkbox"/>			

Reporting Officer 207C POST, EMILY

Approving Officer (I) 202A WILSON, WAYNE